CUMBERLAND MEMORIAL HOSPITAL-ECU

1110 7TH AVENUE

CUMBERLAND 54829 Phone: (715) 822-6113		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	50	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	50	Average Daily Census:	47

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis					22.0
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	0.0		20.0
Day Services Respite Care	No No			65 - 74 75 - 84	2.0 42.0	•	86.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.0	************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	6.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	12.0	65 & Over	100.0		
Transportation	No	Cerebrovascular	16.0			RNs	16.8
Referral Service	No	Diabetes	6.0	Gender	%	LPNs	2.1
Other Services	No	Respiratory	2.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	16.0	Male	22.0	Aides, & Orderlies	47.2
Mentally Ill	No			Female	78.0		
Provide Day Programming for		1	100.0				
Developmentally Disabled	No	I		l	100.0	I	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	<u> </u>		amily Care			anaged Care	l		
Level of Care	No.	90	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 1	2.9	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Skilled Care	0	0.0	0	31	91.2	117	0	0.0	0	16	100.0	125	0	0.0	0	0	0.0	0	47	94.0
Intermediate				2	5.9	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		34	100.0		0	0.0		16	100.0		0	0.0		0	0.0		50	100.0

County: Barron Facility ID: 2460 Page 2
CUMBERLAND MEMORIAL HOSPITAL-ECU

Admissions, Discharges, and	I	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/03
Deaths During Reporting Period	 				% Needing		Total
ercent Admissions from:	i	Activities of	왕		sistance of	% Totally	Number of
Private Home/No Home Health	12.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	8.0		36.0	56.0	50
Other Nursing Homes	38.7	Dressing	8.0		34.0	58.0	50
Acute Care Hospitals	48.4	Transferring	22.0		58.0	20.0	50
Psych. HospMR/DD Facilities	0.0		16.0		30.0	54.0	50
Rehabilitation Hospitals	0.0	Eating	64.0		24.0	12.0	50
Other Locations	0.0	******	*****	*****	*****	******	*****
otal Number of Admissions	31	Continence		용	Special Treatr	ments	용
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	4.0	Receiving Re	espiratory Care	4.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	70.0		racheostomy Care	0.0
Private Home/With Home Health	9.7	Occ/Freq. Incontinen	t of Bowel	44.0	Receiving St	actioning	0.0
Other Nursing Homes	6.5	-			Receiving Os	stomy Care	2.0
Acute Care Hospitals	0.0	Mobility			Receiving Tu	ube Feeding	2.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	6.0	Receiving Me	echanically Altered Diets	38.0
Rehabilitation Hospitals	0.0						
Other Locations	3.2	Skin Care			Other Resident	t Characteristics	
Deaths	80.6	With Pressure Sores		0.0	Have Advance	e Directives	98.0
otal Number of Discharges	i	With Rashes		24.0	Medications		
(Including Deaths)	31				Receiving Ps	sychoactive Drugs	64.0

	This	Other	Hospital-	i	All
	Facility	Based F	acilities	Fac	ilties
	%	8	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.0	90.1	1.04	87.4	1.08
Current Residents from In-County	84.0	83.8	1.00	76.7	1.09
Admissions from In-County, Still Residing	51.6	14.2	3.65	19.6	2.63
Admissions/Average Daily Census	66.0	229.5	0.29	141.3	0.47
Discharges/Average Daily Census	66.0	229.2	0.29	142.5	0.46
Discharges To Private Residence/Average Daily Census	6.4	124.8	0.05	61.6	0.10
Residents Receiving Skilled Care	96.0	92.5	1.04	88.1	1.09
Residents Aged 65 and Older	100.0	91.8	1.09	87.8	1.14
Title 19 (Medicaid) Funded Residents	68.0	64.4	1.06	65.9	1.03
Private Pay Funded Residents	32.0	22.4	1.43	21.0	1.53
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	42.0	32.9	1.28	33.6	1.25
General Medical Service Residents	16.0	22.9	0.70	20.6	0.78
Impaired ADL (Mean) *	58.8	48.6	1.21	49.4	1.19
Psychological Problems	64.0	55.4	1.16	57.4	1.12
Nursing Care Required (Mean)*	8.8	7.0	1.25	7.3	1.19